Opinion / Column

Public health reset urgently required

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Public health authorities continue to strongly recommend people wear masks to help blunt the spread of COVID-19 and respiratory viruses PHOTO BY DAVE SIDAWAY /Postmedia

Government and public health officials have let Canadians down by failing to protect us from a highly transmissible virus that continues to kill the vulnerable and disable once healthy people.

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As SARS-CoV-2, the airborne virus that causes COVID-19, surges across Canada, governments and public health officials should abandon the reckless fiction that the pandemic has ended.

At the outset of the COVID-19 pandemic in 2020, governments, public health officers and ordinary Canadians were determined to save lives and prevent the health-care system from collapsing. And most people selflessly embraced pandemic mitigations measures, such as social distancing and masking.

Flash forward to Aug. of 2023 and apathetic governments and many ordinary people can no longer be bothered to take any steps to protect cancer patients, senior citizens and other vulnerable people from a virus that can overwhelm fragile immune systems. Nor can the

apathetic be bothered to avert a looming collapse of the health-care system.

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According to the World Health Organization's weekly epidemiological update posted on Aug. 10, there were approximately 1.5 million new COVID-19 cases globally between July 10 and Aug. 6, an increase of 80% compared to the previous 28 day period. However, the update states that "reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally."

According to the World Health Organization website, "some people who have had COVID-19, whether they have needed hospitalization or not, continue to experience symptoms," describing these long-term effects as 'long COVID.' Symptoms of long COVID include: "fatigue, breathlessness and cognitive dysfunction; for example, confusion, forgetfulness, or a lack of mental focus or clarity."

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During a bracing media briefing on April 26, WHO Director-General Tedros Adhanom Ghebreyesus revealed that approximately “one in 10 infections results in post COVID-19 condition, suggesting that hundreds of millions of people will need longer-term care.”

According to the Aug. 11 weekly morbidity and mortality report issued by the U.S. Centers for Disease Control and Prevention, “post-COVID–like conditions could represent a substantial impact on health and the health-care system.”

Dangers associated with reinfection

According to a peer reviewed study published in ‘Nature Medicine’ in Nov. 2022, even just one SARS-CoV- infection “is associated with increased risk of acute and post-acute death and sequelae in various organ systems.” Using the United States Department of Veterans Affairs’ national healthcare database, the study’s authors– Bowe, B., Xie, Y. & Al-Aly, Z.—built “a cohort of individuals with one SARS-CoV-2 infection (443,588), reinfection (two or more infections, 40,947) and a non-infected control (5,334,729).”

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The study — ‘Acute and post-acute sequelae associated with SARS-CoV-2 reinfection’ — revealed that when compared to people who had not been re-infected, “those who had reinfection exhibited an increased risk of all-cause mortality.” In addition, people who were re-infected “also had an increased risk of hospitalization.”

The authors’ conclude that their finding “show that reinfection further increases risks of all-cause mortality and adverse health outcomes in both the acute and post-acute phases of reinfection.” Moreover, the data highlights “the clinical consequences of reinfection and emphasize the importance of preventing reinfection by SARS-CoV-2.” And the authors

conclude that there is an urgent need to develop new vaccines “that are more durable, cover a broad array of variants, reduce transmission, and subsequently reduce the risk of infection and reinfection, and reduce both acute and long-term consequences in people who get infected or re-infected.”

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However, vaccines are not the only mitigation measure urgently required. “Other pharmaceutical and non-pharmaceutical interventions to lessen both the risk of reinfection and its adverse health consequences are also urgently needed,” the study concludes.

Immunology

According to a review article published in the July 11, 2023 edition of Nature Reviews Immunology, long COVID symptoms are extensive and evolving. “A range of radiological abnormalities in the olfactory bulb, brain, heart, lung and other sites have been observed in individuals with long COVID,” write D.M. Altmann, E.M. Whettlock, S. Liu, et al. in ‘The immunology of long COVID.’ In addition, micro blood clots have been detected in long COVID patients.

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Long COVID may also lead to the resurgence of past illness. “There is support for a role of persistent SARS-CoV-2 reservoirs and/or an effect of Epstein–Barr virus reactivation, and evidence from immune subset changes for broad immune perturbation,” the article states.

“If 10 per cent of acute infections lead to persistent symptoms, it could be predicted that 400 million individuals globally are in need of support for long COVID,” Altmann, Whettlock, and Liu write. “The oncoming burden of long COVID faced by patients, health-care providers, governments and economies is so large as to be unfathomable, which is possibly why minimal high-level planning is currently allocated to it.”

Pray for mother

Earlier this month, the World Health Organization updated its guidelines on COVID-19 infection prevention and control. “Masks are one component of a comprehensive package of prevention and control measures to limit the spread of SARS-CoV-2,” the WHO update reads. “When aiming to reduce community transmission and mitigate the impact of COVID-19 outbreaks on health and social services, policies developed for mask use should be included as one element of a comprehensive package of preventive measures to reduce transmission–physical distancing, ventilation, mask use, hand hygiene, respiratory etiquette, and vaccination.”

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For example, the World Health Organization recommends wearing a mask “when in crowded,

enclosed, or poorly ventilated spaces." A mask should also be worn "following a recent exposure to COVID-19 when sharing a space with others."

The uncontrolled spread of COVID-19 in communities across Canada and the lack of masking have terrifying consequences for vulnerable families. For example, Charlie Senack, Editor of Kitchissippi Times, knows firsthand the terror of a vulnerable loved one being exposed to the deadly virus.

Earlier this month, the Ottawa-based journalist took to 'X', the social media site formerly known as Twitter, to inform his followers that his mother had been hospitalized with "aggressive pneumonia." In addition, he revealed that her cancer, which had gone into remission just weeks before, had returned.

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On Aug. 15, the talented young journalist posted: "Mom is still in hospital battling severe, aggressive pneumonia. Today we found out her roommate tested positive for COVID. The virus is still very much out there. We are hopeful she hasn't also caught it. Prayers appreciated."

The next day, Senack informed *The Whig-Standard* that his mother's test for COVID-19 had come back positive.

Senack contacted the Whig-Standard on Aug.18 to provide an update on his mother's condition. He said that she was experiencing COVID symptoms. However, he said also that there is a difference of opinion among her doctors about her cancer diagnosis, and that scans are required to determine whether or not she is still in remission.

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Action plan

A hard public health reset is urgently required in Canada to protect the vulnerable and prevent the healthcare system from being overwhelmed by long COVID patients. Policymakers should immediately implement a pandemic action plan to save lives in the coming weeks and months.

First, updated COVID-19 booster shots should be made available as soon as possible to provide a measure of protection for the tens of millions of people whose vaccine immunity is waning.

Second, the federal government should send NK95 and N95 respirators to every Canadian household and distribute them in grocery stores, pharmacies and all federal buildings.

Third, public health officials should require that masks be worn in places where vulnerable people are present: grocery stores, pharmacies, schools, and public transit.

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Fourth, provincial governments should immediately upgrade ventilation and air filtration in all public schools.

Fifth, the federal government should prioritize the funding of medical research and clinical trials for therapeutics to treat people suffering from long COVID.

Sixth, given that antigen rapid tests are notoriously inaccurate, provincial governments should immediately re-open testing clinics, offering the more accurate PCR tests. And community and provincial case counts should be reported on a weekly basis so that people can make informed choices.

Seventh, government should mandate ten paid sick days, so that sick workers do not spread the virus to co-workers and members of the general public.

Conclusion

Put a mask on. Protect yourself. Protect your community. Be a caring citizen.

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